

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7623

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Boone</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHALL</u>		<u>0472</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Lusk State Cancer Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>708 E. Yerby</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>ETHEL</u>		c. (Last) <u>FORD</u>	
4. DATE OF DEATH		(Month) <u>3-</u>		(Day) <u>18-</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Aug 13 1890</u>	
9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Creighton, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>							
13a. FATHER'S NAME <u>JACOB GREGG</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH ? GREGG</u>		14. NAME OF HUSBAND OR WIFE <u>L. S. FORD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>State Cancer Hospital Columbia, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>10 mo</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of the stomach</u>					
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS: _____					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-25</u> , 19 <u>50</u> , to <u>3-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-18</u> , 19 <u>50</u> , and that death occurred at <u>8:35 P</u> m., from the causes and on the date stated above.							
23. SIGNATURE <u>Richard E. Johnson, M.D.</u> (Degree or title)				23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>3-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>3-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Creighton</u>		24d. LOCATION (City, town, or county) _____ (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 20 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Herald</u>		ADDRESS <u>Marshall Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 27 1950

District File Number

District Health Officer No. 9

MAR 28 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.